

<b>United States Bankruptcy Court District of Rhode Island</b>				<b>Voluntary Petition</b>											
Name of Debtor (if individual, enter Last, First, Middle): <b>LaSalle Health Service, Inc.</b>			Name of Joint Debtor (Spouse) (Last, First, Middle):												
All Other Names used by the Debtor in the last 8 years (include married, maiden, and trade names):			All Other Names used by the Joint Debtor in the last 8 years (include married, maiden, and trade names):												
Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN) /Complete EIN (if more than one, state all): <b>05-0403583</b>			Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN) /Complete EIN (if more than one, state all):												
Street Address of Debtor (No. & Street, City, State & Zip Code): <b>652 E Washington St Unit 2 North Attleboro, MA</b>			Street Address of Joint Debtor (No. & Street, City, State & Zip Code):												
ZIPCODE <b>02760</b>			ZIPCODE												
County of Residence or of the Principal Place of Business: <b>Bristol</b>			County of Residence or of the Principal Place of Business:												
Mailing Address of Debtor (if different from street address)			Mailing Address of Joint Debtor (if different from street address):												
ZIPCODE			ZIPCODE												
Location of Principal Assets of Business Debtor (if different from street address above):															
ZIPCODE															
<b>Type of Debtor</b> (Form of Organization) (Check <b>one</b> box.)  <input type="checkbox"/> Individual (includes Joint Debtors) <i>See Exhibit D on page 2 of this form.</i> <input checked="" type="checkbox"/> Corporation (includes LLC and LLP) <input type="checkbox"/> Partnership <input type="checkbox"/> Other (If debtor is not one of the above entities, check this box and state type of entity below.)  <b>Chapter 15 Debtor</b> Country of debtor's center of main interests:  Each country in which a foreign proceeding by, regarding, or against debtor is pending:		<b>Nature of Business</b> (Check <b>one</b> box.)  <input type="checkbox"/> Health Care Business <input type="checkbox"/> Single Asset Real Estate as defined in 11 U.S.C. § 101(51B) <input type="checkbox"/> Railroad <input type="checkbox"/> Stockbroker <input type="checkbox"/> Commodity Broker <input type="checkbox"/> Clearing Bank <input checked="" type="checkbox"/> Other  <b>Tax-Exempt Entity</b> (Check box, if applicable.) <input type="checkbox"/> Debtor is a tax-exempt organization under Title 26 of the United States Code (the Internal Revenue Code).		<b>Chapter of Bankruptcy Code Under Which the Petition is Filed</b> (Check <b>one</b> box.)  <input checked="" type="checkbox"/> Chapter 7 <input type="checkbox"/> Chapter 9 <input type="checkbox"/> Chapter 11 <input type="checkbox"/> Chapter 12 <input type="checkbox"/> Chapter 13  <input type="checkbox"/> Chapter 15 Petition for Recognition of a Foreign Main Proceeding <input type="checkbox"/> Chapter 15 Petition for Recognition of a Foreign Nonmain Proceeding  <b>Nature of Debts</b> (Check <b>one</b> box.)  <input type="checkbox"/> Debts are primarily consumer debts, defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or house- hold purpose." <input checked="" type="checkbox"/> Debts are primarily business debts.											
<b>Filing Fee</b> (Check one box)  <input checked="" type="checkbox"/> Full Filing Fee attached  <input type="checkbox"/> Filing Fee to be paid in installments (Applicable to individuals only). Must attach signed application for the court's consideration certifying that the debtor is unable to pay fee except in installments. Rule 1006(b). See Official Form 3A.  <input type="checkbox"/> Filing Fee waiver requested (Applicable to chapter 7 individuals only). Must attach signed application for the court's consideration. See Official Form 3B.			<b>Chapter 11 Debtors</b>  <b>Check one box:</b> <input type="checkbox"/> Debtor is a small business debtor as defined in 11 U.S.C. § 101(51D). <input type="checkbox"/> Debtor is not a small business debtor as defined in 11 U.S.C. § 101(51D).  <b>Check if:</b> <input type="checkbox"/> Debtor's aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$2,490,925 ( <i>amount subject to adjustment on 4/01/16 and every three years thereafter</i> ). ----- <b>Check all applicable boxes:</b> <input type="checkbox"/> A plan is being filed with this petition <input type="checkbox"/> Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).												
<b>Statistical/Administrative Information</b> <input type="checkbox"/> Debtor estimates that funds will be available for distribution to unsecured creditors. <input checked="" type="checkbox"/> Debtor estimates that, after any exempt property is excluded and administrative expenses paid, there will be no funds available for distribution to unsecured creditors.					<b>THIS SPACE IS FOR COURT USE ONLY</b>										
Estimated Number of Creditors <table style="width: 100%; border: none;"><tr><td><input type="checkbox"/> 1-49</td><td><input checked="" type="checkbox"/> 50-99</td><td><input type="checkbox"/> 100-199</td><td><input type="checkbox"/> 200-999</td><td><input type="checkbox"/> 1,000-5,000</td><td><input type="checkbox"/> 5,001-10,000</td><td><input type="checkbox"/> 10,001-25,000</td><td><input type="checkbox"/> 25,001-50,000</td><td><input type="checkbox"/> 50,001-100,000</td><td><input type="checkbox"/> Over 100,000</td></tr></table>						<input type="checkbox"/> 1-49	<input checked="" type="checkbox"/> 50-99	<input type="checkbox"/> 100-199	<input type="checkbox"/> 200-999	<input type="checkbox"/> 1,000-5,000	<input type="checkbox"/> 5,001-10,000	<input type="checkbox"/> 10,001-25,000	<input type="checkbox"/> 25,001-50,000	<input type="checkbox"/> 50,001-100,000	<input type="checkbox"/> Over 100,000
<input type="checkbox"/> 1-49	<input checked="" type="checkbox"/> 50-99	<input type="checkbox"/> 100-199	<input type="checkbox"/> 200-999	<input type="checkbox"/> 1,000-5,000		<input type="checkbox"/> 5,001-10,000	<input type="checkbox"/> 10,001-25,000	<input type="checkbox"/> 25,001-50,000	<input type="checkbox"/> 50,001-100,000	<input type="checkbox"/> Over 100,000					
Estimated Assets <table style="width: 100%; border: none;"><tr><td><input type="checkbox"/> \$0 to \$50,000</td><td><input type="checkbox"/> \$50,001 to \$100,000</td><td><input checked="" type="checkbox"/> \$100,001 to \$500,000</td><td><input type="checkbox"/> \$500,001 to \$1 million</td><td><input type="checkbox"/> \$1,000,001 to \$10 million</td><td><input type="checkbox"/> \$10,000,001 to \$50 million</td><td><input type="checkbox"/> \$50,000,001 to \$100 million</td><td><input type="checkbox"/> \$100,000,001 to \$500 million</td><td><input type="checkbox"/> \$500,000,001 to \$1 billion</td><td><input type="checkbox"/> More than \$1 billion</td></tr></table>						<input type="checkbox"/> \$0 to \$50,000	<input type="checkbox"/> \$50,001 to \$100,000	<input checked="" type="checkbox"/> \$100,001 to \$500,000	<input type="checkbox"/> \$500,001 to \$1 million	<input type="checkbox"/> \$1,000,001 to \$10 million	<input type="checkbox"/> \$10,000,001 to \$50 million	<input type="checkbox"/> \$50,000,001 to \$100 million	<input type="checkbox"/> \$100,000,001 to \$500 million	<input type="checkbox"/> \$500,000,001 to \$1 billion	<input type="checkbox"/> More than \$1 billion
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Estimated Liabilities <table style="width: 100%; border: none;"><tr><td><input type="checkbox"/> \$0 to \$50,000</td><td><input type="checkbox"/> \$50,001 to \$100,000</td><td><input type="checkbox"/> \$100,001 to \$500,000</td><td><input checked="" type="checkbox"/> \$500,001 to \$1 million</td><td><input type="checkbox"/> \$1,000,001 to \$10 million</td><td><input type="checkbox"/> \$10,000,001 to \$50 million</td><td><input type="checkbox"/> \$50,000,001 to \$100 million</td><td><input type="checkbox"/> \$100,000,001 to \$500 million</td><td><input type="checkbox"/> \$500,000,001 to \$1 billion</td><td><input type="checkbox"/> More than \$1 billion</td></tr></table>					<input type="checkbox"/> \$0 to \$50,000	<input type="checkbox"/> \$50,001 to \$100,000	<input type="checkbox"/> \$100,001 to \$500,000	<input checked="" type="checkbox"/> \$500,001 to \$1 million	<input type="checkbox"/> \$1,000,001 to \$10 million	<input type="checkbox"/> \$10,000,001 to \$50 million	<input type="checkbox"/> \$50,000,001 to \$100 million	<input type="checkbox"/> \$100,000,001 to \$500 million	<input type="checkbox"/> \$500,000,001 to \$1 billion	<input type="checkbox"/> More than \$1 billion	
<input type="checkbox"/> \$0 to \$50,000	<input type="checkbox"/> \$50,001 to \$100,000	<input type="checkbox"/> \$100,001 to \$500,000	<input checked="" type="checkbox"/> \$500,001 to \$1 million	<input type="checkbox"/> \$1,000,001 to \$10 million	<input type="checkbox"/> \$10,000,001 to \$50 million	<input type="checkbox"/> \$50,000,001 to \$100 million	<input type="checkbox"/> \$100,000,001 to \$500 million	<input type="checkbox"/> \$500,000,001 to \$1 billion	<input type="checkbox"/> More than \$1 billion						

<b>Voluntary Petition</b> <i>(This page must be completed and filed in every case)</i>		Name of Debtor(s): <b>LaSalle Health Service, Inc.</b>	
<b>All Prior Bankruptcy Case Filed Within Last 8 Years</b> (If more than two, attach additional sheet)			
Location Where Filed: <b>None</b>	Case Number:	Date Filed:	
Location Where Filed:	Case Number:	Date Filed:	
<b>Pending Bankruptcy Case Filed by any Spouse, Partner or Affiliate of this Debtor</b> (If more than one, attach additional sheet)			
Name of Debtor: <b>Jon Lombardi</b>	Case Number:	Date Filed:	
District: <b>State Of Rhode Island</b>	Relationship:	Judge:	
<div style="text-align: center;"><b>Exhibit A</b></div> (To be completed if debtor is required to file periodic reports (e.g., forms 10K and 10Q) with the Securities and Exchange Commission pursuant to Section 13 or 15(d) of the Securities Exchange Act of 1934 and is requesting relief under chapter 11.)  <input type="checkbox"/> Exhibit A is attached and made a part of this petition.		<div style="text-align: center;"><b>Exhibit B</b></div> (To be completed if debtor is an individual whose debts are primarily consumer debts.)  I, the attorney for the petitioner named in the foregoing petition, declare that I have informed the petitioner that [he or she] may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each such chapter. I further certify that I delivered to the debtor the notice required by 11 U.S.C. § 342(b).  <div style="display: flex; justify-content: space-between;"> <span><b>X</b> _____</span> <span>_____</span> </div> <div style="display: flex; justify-content: space-between; font-size: small;"> <span>Signature of Attorney for Debtor(s)</span> <span>Date</span> </div>	
<b>Exhibit C</b>			
Does the debtor own or have possession of any property that poses or is alleged to pose a threat of imminent and identifiable harm to public health or safety?  <input type="checkbox"/> Yes, and Exhibit C is attached and made a part of this petition. <input checked="" type="checkbox"/> No			
<b>Exhibit D</b>			
(To be completed by every individual debtor. If a joint petition is filed, each spouse must complete and attach a separate Exhibit D.)  <input type="checkbox"/> Exhibit D completed and signed by the debtor is attached and made a part of this petition.  If this is a joint petition: <input type="checkbox"/> Exhibit D also completed and signed by the joint debtor is attached a made a part of this petition.			
<b>Information Regarding the Debtor - Venue</b> (Check any applicable box.)			
<input checked="" type="checkbox"/> Debtor has been domiciled or has had a residence, principal place of business, or principal assets in this District for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other District.  <input type="checkbox"/> There is a bankruptcy case concerning debtor's affiliate, general partner, or partnership pending in this District.  <input type="checkbox"/> Debtor is a debtor in a foreign proceeding and has its principal place of business or principal assets in the United States in this District, or has no principal place of business or assets in the United States but is a defendant in an action or proceeding [in a federal or state court] in this District, or the interests of the parties will be served in regard to the relief sought in this District.			
<b>Certification by a Debtor Who Resides as a Tenant of Residential Property</b> (Check all applicable boxes.)			
<input type="checkbox"/> Landlord has a judgment against the debtor for possession of debtor's residence. (If box checked, complete the following.)  <div style="border-bottom: 1px solid black; margin-bottom: 5px; text-align: center;">                     (Name of landlord that obtained judgment)                 </div> <div style="border-bottom: 1px solid black; margin-bottom: 5px; text-align: center;">                     (Address of landlord)                 </div> <input type="checkbox"/> Debtor claims that under applicable nonbankruptcy law, there are circumstances under which the debtor would be permitted to cure the entire monetary default that gave rise to the judgment for possession, after the judgment for possession was entered, and <input type="checkbox"/> Debtor has included in this petition the deposit with the court of any rent that would become due during the 30-day period after the filing of the petition. <input type="checkbox"/> Debtor certifies that he/she has served the Landlord with this certification. (11 U.S.C. § 362(l)).			

<b>Voluntary Petition</b> (This page must be completed and filed in every case)		Name of Debtor(s): <b>LaSalle Health Service, Inc.</b>	
<b>Signatures</b>			
<b>Signature(s) of Debtor(s) (Individual/Joint)</b> I declare under penalty of perjury that the information provided in this petition is true and correct. [If petitioner is an individual whose debts are primarily consumer debts and has chosen to file under Chapter 7] I am aware that I may proceed under chapter 7, 11, 12 or 13 of title 11, United States Code, understand the relief available under each such chapter, and choose to proceed under chapter 7. [If no attorney represents me and no bankruptcy petition preparer signs the petition] I have obtained and read the notice required by 11 U.S.C. § 342(b). I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.  <b>X</b> _____ Signature of Debtor  <b>X</b> _____ Signature of Joint Debtor  _____ Telephone Number (If not represented by attorney)  _____ Date		<b>Signature of a Foreign Representative</b> I declare under penalty of perjury that the information provided in this petition is true and correct, that I am the foreign representative of a debtor in a foreign proceeding, and that I am authorized to file this petition. (Check only <b>one</b> box.)  <input type="checkbox"/> I request relief in accordance with chapter 15 of title 11, United States Code. Certified copies of the documents required by 11 U.S.C. § 1515 are attached.  <input type="checkbox"/> Pursuant to 11 U.S.C. § 1511, I request relief in accordance with the chapter of title 11 specified in this petition. A certified copy of the order granting recognition of the foreign main proceeding is attached.  <b>X</b> _____ Signature of Foreign Representative  _____ Printed Name of Foreign Representative  _____ Date	
<b>Signature of Attorney*</b>  <b>X</b> <u>/s/ Thomas P. Quinn</u> Signature of Attorney for Debtor(s)  <b>Thomas P. Quinn 4780 McLaughlin &amp; Quinn, LLC 148 West River Street, Suite 1E Providence, RI 02904 (401) 421-5115 Fax: (401) 421-5141 tquinn@mclaughlinquinn.com</b>   <u>July 29, 2015</u> Date *In a case in which § 707(b)(4)(D) applies, this signature also constitutes a certification that the attorney has no knowledge after an inquiry that the information in the schedules is incorrect.		<b>Signature of Non-Attorney Petition Preparer</b> I declare under penalty of perjury that: 1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110; 2) I prepared this document for compensation and have provided the debtor with a copy of this document and the notices and information required under 11 U.S.C. §§ 110(b), 110(h) and 342(b); and 3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110(h) setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before preparing any document for filing for a debtor or accepting any fee from the debtor, as required in that section. Official Form 19 is attached.  _____ Printed Name and title, if any, of Bankruptcy Petition Preparer  _____ Social Security Number (If the bankruptcy petition preparer is not an individual, state the Social Security number of the officer, principal, responsible person or partner of the bankruptcy petition preparer.) (Required by 11 U.S.C. § 110.)  _____ Address  _____  <b>X</b> _____ Signature  _____ Date Signature of Bankruptcy Petition Preparer or officer, principal, responsible person, or partner whose social security number is provided above.  Names and Social-Security numbers of all other individuals who prepared or assisted in preparing this document unless the bankruptcy petition preparer is not an individual:  If more than one person prepared this document, attach additional sheets conforming to the appropriate official form for each person.  <i>A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both 11 U.S.C. § 110; 18 U.S.C. § 156.</i>	
<b>Signature of Debtor (Corporation/Partnership)</b> I declare under penalty of perjury that the information provided in this petition is true and correct, and that I have been authorized to file this petition on behalf of the debtor.  The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.  <b>X</b> <u>/s/ Jon F. Lombardi</u> Signature of Authorized Individual  <b>Jon F. Lombardi</b> Printed Name of Authorized Individual  <b>President</b> Title of Authorized Individual  <u>July 29, 2015</u> Date			

IN RE:

Case No. \_\_\_\_\_

LaSalle Health Service, Inc.

Chapter 7

Debtor(s)

**SUMMARY OF SCHEDULES**

Indicate as to each schedule whether that schedule is attached and state the number of pages in each. Report the totals from Schedules A, B, D, E, F, I, and J in the boxes provided. Add the amounts from Schedules A and B to determine the total amount of the debtor's assets. Add the amounts of all claims from Schedules D, E, and F to determine the total amount of the debtor's liabilities. Individual debtors also must complete the "Statistical Summary of Certain Liabilities and Related Data" if they file a case under chapter 7, 11, or 13.

NAME OF SCHEDULE	ATTACHED (YES/NO)	NO. OF SHEETS	ASSETS	LIABILITIES	OTHER
A - Real Property	Yes	1	\$ 0.00		
B - Personal Property	Yes	3	\$ 165,173.88		
C - Property Claimed as Exempt	Yes	1			
D - Creditors Holding Secured Claims	Yes	3		\$ 358,416.94	
E - Creditors Holding Unsecured Priority Claims (Total of Claims on Schedule E)	Yes	2		\$ 9,779.00	
F - Creditors Holding Unsecured Nonpriority Claims	Yes	9		\$ 439,896.87	
G - Executory Contracts and Unexpired Leases	Yes	1			
H - Codebtors	Yes	6			
I - Current Income of Individual Debtor(s)	No				\$
J - Current Expenditures of Individual Debtor(s)	No				\$
TOTAL		26	\$ 165,173.88	\$ 808,092.81	

SCHEDULE A - REAL PROPERTY

Except as directed below, list all real property in which the debtor has any legal, equitable, or future interest, including all property owned as a cotenant, community property, or in which the debtor has a life estate. Include any property in which the debtor holds rights and powers exercisable for the debtor's own benefit. If the debtor is married, state whether the husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor holds no interest in real property, write "None" under "Description and Location of Property."

Do not include interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.

If an entity claims to have a lien or hold a secured interest in any property, state the amount of the secured claim. See Schedule D. If no entity claims to hold a secured interest in the property, write "None" in the column labeled "Amount of Secured Claim."

If the debtor is an individual or if a joint petition is filed, state the amount of any exemption claimed in the property only in Schedule C - Property Claimed as Exempt.

DESCRIPTION AND LOCATION OF PROPERTY	NATURE OF DEBTOR'S INTEREST IN PROPERTY	HUSBAND, WIFE, JOINT, OR COMMUNITY	CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION	AMOUNT OF SECURED CLAIM
None				
TOTAL			0.00	

(Report also on Summary of Schedules)

SCHEDULE B - PERSONAL PROPERTY

Except as directed below, list all personal property of the debtor of whatever kind. If the debtor has no property in one or more of the categories, place an "x" in the appropriate position in the column labeled "None." If additional space is needed in any category, attach a separate sheet properly identified with the case name, case number, and the number of the category. If the debtor is married, state whether the husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor is an individual or a joint petition is filed, state the amount of any exemptions claimed only in Schedule C - Property Claimed as Exempt.

Do not list interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.

If the property is being held for the debtor by someone else, state that person's name and address under "Description and Location of Property." If the property is being held for a minor child, simply state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

TYPE OF PROPERTY	NONE	DESCRIPTION AND LOCATION OF PROPERTY	HUSBAND, WIFE, JOINT, OR COMMUNITY	CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION
1. Cash on hand.	X			
2. Checking, savings or other financial accounts, certificates of deposit or shares in banks, savings and loan, thrift, building and loan, and homestead associations, or credit unions, brokerage houses, or cooperatives.		Rockland Credit Union checking account Rockland Trust checking account		76,313.00 619.00
3. Security deposits with public utilities, telephone companies, landlords, and others.	X			
4. Household goods and furnishings, include audio, video, and computer equipment.	X			
5. Books, pictures and other art objects, antiques, stamp, coin, record, tape, compact disc, and other collections or collectibles.	X			
6. Wearing apparel.	X			
7. Furs and jewelry.	X			
8. Firearms and sports, photographic, and other hobby equipment.	X			
9. Interest in insurance policies. Name insurance company of each policy and itemize surrender or refund value of each.	X			
10. Annuities. Itemize and name each issue.	X			
11. Interests in an education IRA as defined in 26 U.S.C. § 530(b)(1) or under a qualified State tuition plan as defined in 26 U.S.C. § 529(b)(1). Give particulars. (File separately the record(s) of any such interest(s). 11 U.S.C. § 521(c).)	X			
12. Interests in IRA, ERISA, Keogh, or other pension or profit sharing plans. Give particulars.	X			
13. Stock and interests in incorporated and unincorporated businesses. Itemize.	X			
14. Interests in partnerships or joint ventures. Itemize.	X			

IN RE LaSalle Health Service, Inc.

Case No. \_\_\_\_\_

Debtor(s)

(If known)

**SCHEDULE B - PERSONAL PROPERTY**  
**(Continuation Sheet)**

TYPE OF PROPERTY	N O N E	DESCRIPTION AND LOCATION OF PROPERTY	HUSBAND, WIFE, JOINT, OR COMMUNITY	CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION
15. Government and corporate bonds and other negotiable and non-negotiable instruments.	X	<b>Accounts Receivable</b>		<b>48,461.88</b>
16. Accounts receivable.				
17. Alimony, maintenance, support, and property settlements in which the debtor is or may be entitled. Give particulars.	X			
18. Other liquidated debts owed to debtor including tax refunds. Give particulars.	X			
19. Equitable or future interest, life estates, and rights or powers exercisable for the benefit of the debtor other than those listed in Schedule A - Real Property.	X			
20. Contingent and noncontingent interests in estate of a decedent, death benefit plan, life insurance policy, or trust.	X			
21. Other contingent and unliquidated claims of every nature, including tax refunds, counterclaims of the debtor, and rights to setoff claims. Give estimated value of each.	X			
22. Patents, copyrights, and other intellectual property. Give particulars.	X			
23. Licenses, franchises, and other general intangibles. Give particulars.	X			
24. Customer lists or other compilations containing personally identifiable information (as defined in 11 U.S.C. § 101(41A)) provided to the debtor by individuals in connection with obtaining a product or service from the debtor primarily for personal, family, or household purposes.	X			
25. Automobiles, trucks, trailers, and other vehicles and accessories.		<b>2008 Ford E150 (159,878.2 miles)</b>		<b>4,000.00</b>
		<b>2008 Ford E150 (217,591 miles)</b>		<b>1,500.00</b>
		<b>2010 Ford E150 (140,349 miles)</b>		<b>4,000.00</b>
		<b>2011 Ford E150 (87,146 miles)</b>		<b>13,500.00</b>
26. Boats, motors, and accessories.	X			
27. Aircraft and accessories.	X			
28. Office equipment, furnishings, and supplies.		<b>22 Filing cabinets (\$330), 7 desks (\$700), 2 cash registers (\$30), 3 metal shelves (\$75), computers, Open sign (\$15), 2 water coolers (\$30), refrigerator, 2 vacuums (\$30), 2 dry vacs (\$80), phone system (\$250), 2 lit racks (\$60), 3 folding tables (\$30), 2 printers (\$50), copy/fax machine (\$50)</b>		<b>1,780.00</b>
29. Machinery, fixtures, equipment, and supplies used in business.	X			

IN RE LaSalle Health Service, Inc.

Debtor(s)

Case No.

(If known)

**SCHEDULE B - PERSONAL PROPERTY**  
**(Continuation Sheet)**

TYPE OF PROPERTY	N O N E	DESCRIPTION AND LOCATION OF PROPERTY	HUSBAND, WIFE, JOINT, OR COMMUNITY	CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION
30. Inventory.		Inventory		15,000.00
31. Animals.	X			
32. Crops - growing or harvested. Give particulars.	X			
33. Farming equipment and implements.	X			
34. Farm supplies, chemicals, and feed.	X			
35. Other personal property of any kind not already listed. Itemize.	X			
<b>TOTAL</b>				<b>165,173.88</b>

0 continuation sheets attached

(Include amounts from any continuation sheets attached.  
Report total also on Summary of Schedules.)



SCHEDULE C - PROPERTY CLAIMED AS EXEMPT

Debtor elects the exemptions to which debtor is entitled under: ☐ Check if debtor claims a homestead exemption that exceeds \$155,675. \*

(Check one box)

☐ 11 U.S.C. § 522(b)(2)

☐ 11 U.S.C. § 522(b)(3)

DESCRIPTION OF PROPERTY	SPECIFY LAW PROVIDING EACH EXEMPTION	VALUE OF CLAIMED EXEMPTION	CURRENT VALUE OF PROPERTY WITHOUT DEDUCTING EXEMPTIONS
Not Applicable			

\* Amount subject to adjustment on 4/1/16 and every three years thereafter with respect to cases commenced on or after the date of adjustment.

SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number of all entities holding claims secured by property of the debtor as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. List creditors holding all types of secured interests such as judgment liens, garnishments, statutory liens, mortgages, deeds of trust, and other security interests.

List creditors in alphabetical order to the extent practicable. If a minor child is the creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). If all secured creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H – Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Total the columns labeled "Amount of Claim Without Deducting Value of Collateral" and "Unsecured Portion, if Any" in the boxes labeled "Total(s)" on the last sheet of the completed schedule. Report the total from the column labeled "Amount of Claim Without Deducting Value of Collateral" also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report the total from the column labeled "Unsecured Portion, if Any" on the Statistical Summary of Certain Liabilities and Related Data.

☐ Check this box if debtor has no creditors holding secured claims to report on this Schedule D.

CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE AND ACCOUNT NUMBER. <i>(See Instructions Above.)</i>	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED, NATURE OF LIEN, AND DESCRIPTION AND VALUE OF PROPERTY SUBJECT TO LIEN	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM WITHOUT DEDUCTING VALUE OF COLLATERAL	UNSECURED PORTION, IF ANY
ACCOUNT NO. 3874 Ally Financial Attn: Bankruptcy Department PO Box 380901 Minneapolis, MN 55438-0901	X	Vehicle loan on 2011 Ford E150  VALUE \$ 13,500.00				13,931.45	431.45
ACCOUNT NO. 2646 Delagen Landen PO Box 41602 Philadelphia, PA 19101-1602	X	Lease for equipment/inventory  VALUE \$ 15,000.00				27,873.12	27,873.12
ACCOUNT NO. 9643 Invacare Corp. PO Box 41602 Philadelphia, PA 19101-1602	X	Lease for equiment/inventory  VALUE \$ 15,000.00				1,346.35	1,346.35
ACCOUNT NO. 3335 Invacare Corp. PO Box 41602 Philadelphia, PA 19101-1602	X	Lease for equipment/inventory  VALUE \$ 15,000.00				2,512.84	2,512.84
Subtotal (Total of this page)						\$ 45,663.76	\$ 32,163.76
Total (Use only on last page)						\$	\$

(Report also on  
Summary of  
Schedules.)

(If applicable, report  
also on Statistical  
Summary of Certain  
Liabilities and Related  
Data.)

IN RE LaSalle Health Service, Inc.

Case No. \_\_\_\_\_

Debtor(s)

(If known)

**SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS**  
**(Continuation Sheet)**

CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED. NATURE OF LIEN, AND DESCRIPTION AND VALUE OF PROPERTY SUBJECT TO LIEN	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM WITHOUT DEDUCTING VALUE OF COLLATERAL	UNSECURED PORTION, IF ANY
ACCOUNT NO. <b>0009</b> <b>Invacare Corp.</b> <b>PO Box 41602</b> <b>Philadelphia, PA 19101-1602</b>	<b>X</b>	<b>Lease for equipment/inventory</b>  <b>VALUE \$ 15,000.00</b>				<b>17,324.45</b>	<b>17,324.45</b>
ACCOUNT NO. <b>4974</b> <b>Invacare Corp.</b> <b>PO Box 41602</b> <b>Philadelphia, PA 19101-1602</b>	<b>X</b>	<b>Lease for equipment/inventory</b>  <b>VALUE \$ 15,000.00</b>				<b>18,757.13</b>	<b>18,757.13</b>
ACCOUNT NO. <b>9498</b> <b>Invacare Corp.</b> <b>PO Box 41602</b> <b>Philadelphia, PA 19101-1602</b>	<b>X</b>	<b>Lease for equipment/inventory</b>  <b>VALUE \$ 15,000.00</b>				<b>17,198.96</b>	<b>17,198.96</b>
ACCOUNT NO. <b>3792</b> <b>Invacare Corp.</b> <b>PO Box 41602</b> <b>Philadelphia, PA 19101-1602</b>	<b>X</b>	<b>Lease for equipment/inventory</b>  <b>VALUE \$ 15,000.00</b>				<b>18,388.81</b>	<b>18,388.81</b>
ACCOUNT NO. <b>6374</b> <b>Invacare Corp.</b> <b>PO Box 41602</b> <b>Philadelphia, PA 19101-1602</b>	<b>X</b>	<b>Lease for equipment/inventory</b>  <b>VALUE \$ 15,000.00</b>				<b>10,851.72</b>	<b>10,851.72</b>
ACCOUNT NO. <b>Rockland Trust</b> <b>288 Union St</b> <b>Rockland, MA 02370-1803</b>	<b>X</b>	<b>Line of credit</b>  <b>VALUE \$ 63,461.88</b>				<b>207,842.00</b>	<b>144,380.12</b>
Sheet no. <u>1</u> of <u>2</u> continuation sheets attached to Schedule of Creditors Holding Secured Claims						Subtotal (Total of this page)	\$ <b>290,363.07</b>
						Total (Use only on last page)	\$ <b>226,901.19</b>

(Report also on  
Summary of  
Schedules.)(If applicable, report  
also on Statistical  
Summary of Certain  
Liabilities and Related  
Data.)

IN RE LaSalle Health Service, Inc.

Case No. \_\_\_\_\_

Debtor(s)

(If known)

**SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS**  
**(Continuation Sheet)**

CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED. NATURE OF LIEN, AND DESCRIPTION AND VALUE OF PROPERTY SUBJECT TO LIEN	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM WITHOUT DEDUCTING VALUE OF COLLATERAL	UNSECURED PORTION, IF ANY
ACCOUNT NO.		<b>Assignee or other notification for: Rockland Trust</b>					
<b>Howard N. Gorney Pithie &amp; Associates, P.C. 158 Pleasant St South Weymouth, MA 02190-2521</b>		VALUE \$					
ACCOUNT NO. <b>7008</b>	<b>X</b>	<b>Lease for equipment/inventory</b>				<b>7,612.25</b>	<b>7,612.25</b>
<b>Wells Fargo 300 Tri-State International Suite 400 Lincolnshire, IL 60069</b>		VALUE \$ <b>15,000.00</b>					
ACCOUNT NO. <b>7007</b>	<b>X</b>	<b>Lease for equipment/inventory</b>				<b>5,050.00</b>	<b>5,050.00</b>
<b>Wells Fargo 300 Tri-State International Suite 400 Lincolnshire, IL 60069</b>		VALUE \$ <b>15,000.00</b>					
ACCOUNT NO. <b>7009</b>	<b>X</b>	<b>Lease for equipment/inventory</b>				<b>9,727.86</b>	<b>9,727.86</b>
<b>Wells Fargo 300 Tri-State International Suite 400 Lincolnshire, IL 60069</b>		VALUE \$ <b>15,000.00</b>					
ACCOUNT NO.							
		VALUE \$					
ACCOUNT NO.							
		VALUE \$					
Subtotal (Total of this page)						\$ <b>22,390.11</b>	\$ <b>22,390.11</b>
Total (Use only on last page)						\$ <b>358,416.94</b>	\$ <b>281,455.06</b>

Sheet no. 2 of 2 continuation sheets attached to  
Schedule of Creditors Holding Secured Claims

(Report also on  
Summary of  
Schedules.)

(If applicable, report  
also on Statistical  
Summary of Certain  
Liabilities and Related  
Data.)

## SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS

A complete list of claims entitled to priority, listed separately by type of priority, is to be set forth on the sheets provided. Only holders of unsecured claims entitled to priority should be listed in this schedule. In the boxes provided on the attached sheets, state the name, mailing address, including zip code, and last four digits of the account number, if any, of all entities holding priority claims against the debtor or the property of the debtor, as of the date of the filing of the petition. Use a separate continuation sheet for each type of priority and label each with the type of priority.

The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. § 112 and Fed. R. Bankr. P. 1007(m).

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H-Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of claims listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all claims listed on this Schedule E in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules.

Report the total of amounts entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data.

Report the total of amounts not entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts not entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data.

☐ Check this box if debtor has no creditors holding unsecured priority claims to report on this Schedule E.

**TYPES OF PRIORITY CLAIMS** (Check the appropriate box(es) below if claims in that category are listed on the attached sheets)

- ☐ **Domestic Support Obligations**  
Claims for domestic support that are owed to or recoverable by a spouse, former spouse, or child of the debtor, or the parent, legal guardian, or responsible relative of such a child, or a governmental unit to whom such a domestic support claim has been assigned to the extent provided in 11 U.S.C. § 507(a)(1).
- ☐ **Extensions of credit in an involuntary case**  
Claims arising in the ordinary course of the debtor's business or financial affairs after the commencement of the case but before the earlier of the appointment of a trustee or the order for relief. 11 U.S.C. § 507(a)(3).
- ☐ **Wages, salaries, and commissions**  
Wages, salaries, and commissions, including vacation, severance, and sick leave pay owing to employees and commissions owing to qualifying independent sales representatives up to \$12,475\* per person earned within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(4).
- ☐ **Contributions to employee benefit plans**  
Money owed to employee benefit plans for services rendered within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(5).
- ☐ **Certain farmers and fishermen**  
Claims of certain farmers and fishermen, up to \$6,150\* per farmer or fisherman, against the debtor, as provided in 11 U.S.C. § 507(a)(6).
- ☐ **Deposits by individuals**  
Claims of individuals up to \$2,775\* for deposits for the purchase, lease, or rental of property or services for personal, family, or household use, that were not delivered or provided. 11 U.S.C. § 507(a)(7).
- ☒ **Taxes and Certain Other Debts Owed to Governmental Units**  
Taxes, customs duties, and penalties owing to federal, state, and local governmental units as set forth in 11 U.S.C. § 507(a)(8).
- ☐ **Commitments to Maintain the Capital of an Insured Depository Institution**  
Claims based on commitments to the FDIC, RTC, Director of the Office of Thrift Supervision, Comptroller of the Currency, or Board of Governors of the Federal Reserve System, or their predecessors or successors, to maintain the capital of an insured depository institution. 11 U.S.C. § 507(a)(9).
- ☐ **Claims for Death or Personal Injury While Debtor Was Intoxicated**  
Claims for death or personal injury resulting from the operation of a motor vehicle or vessel while the debtor was intoxicated from using alcohol, a drug, or another substance. 11 U.S.C. § 507(a)(10).

\* Amounts are subject to adjustment on 4/01/16, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

1 continuation sheets attached

SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS

(Continuation Sheet)

Taxes and Other Certain Debts Owed to Governmental Units

(Type of Priority for Claims Listed on This Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE AND ACCOUNT NUMBER. (See Instructions above.)	CODEBTR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM	AMOUNT ENTITLED TO PRIORITY	AMOUNT NOT ENTITLED TO PRIORITY, IF ANY
ACCOUNT NO. 3583 Massachusetts Department of Revenue 436 Dwight St Ste 312 Springfield, MA 01103-1317	X	Sales tax				9,739.00	9,739.00	
ACCOUNT NO. Town Of North Attleborough 43 S Washington St North Attleboro, MA 02760-1642		Tangible taxes				40.00	40.00	
ACCOUNT NO.								
ACCOUNT NO.								
ACCOUNT NO.								
ACCOUNT NO.								
ACCOUNT NO.								
Sheet no. 1 of 1 continuation sheets attached to Schedule of Creditors Holding Unsecured Priority Claims						Subtotal (Totals of this page) \$ 9,779.00	\$ 9,779.00	\$
(Use only on last page of the completed Schedule E. Report also on the Summary of Schedules.)						Total \$ 9,779.00		
(Use only on last page of the completed Schedule E. If applicable, report also on the Statistical Summary of Certain Liabilities and Related Data.)							\$ 9,779.00	\$

IN RE LaSalle Health Service, Inc.

Debtor(s)

Case No.

(If known)

## SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number, of all entities holding unsecured claims without priority against the debtor or the property of the debtor, as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). Do not include claims listed in Schedules D and E. If all creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of all claims listed on this schedule in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report this total also on the Statistical Summary of Certain Liabilities and Related Data.

☐ Check this box if debtor has no creditors holding unsecured nonpriority claims to report on this Schedule F.

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. <b>U968</b> <b>AFLAC</b> <b>1932 Wynnton Road</b> <b>Columbus, GA 31999-0002</b>	<b>X</b>	<b>Insurance</b>				<b>2,054.07</b>
ACCOUNT NO. <b>8358</b> <b>Airgas USA, LLC</b> <b>PO Box 802376</b> <b>Chicago, IL 60680-2376</b>	<b>X</b>	<b>Inventory</b>				<b>1,316.67</b>
ACCOUNT NO. <b>0635</b> <b>Allied Waste - Roplic Services</b> <b>PO Box 9001099</b> <b>Louisville, KY 40290-1099</b>	<b>X</b>	<b>trash</b>				<b>74.03</b>
ACCOUNT NO. <b>0160</b> <b>American Diagnostic</b> <b>55 Commerce Dr</b> <b>Hauppauge, NY 11788-3931</b>	<b>X</b>	<b>Inventory</b>				<b>300.00</b>

8 continuation sheets attached

Subtotal  
(Total of this page) \$ **3,744.77**

Total  
(Use only on last page of the completed Schedule F. Report also on  
the Summary of Schedules and, if applicable, on the Statistical  
Summary of Certain Liabilities and Related Data.)

\$

IN RE LaSalle Health Service, Inc.

Case No. \_\_\_\_\_

Debtor(s)

(If known)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. <b>V065</b> <b>American Disposables</b> <b>6 E Main St</b> <b>Ware, MA 01082-1355</b>	<b>X</b>	<b>Inventory</b>				<b>147.00</b>
ACCOUNT NO. <b>2769</b> <b>Amonea USA</b> <b>1701 Barrett Lake Blvd. Ste 410</b> <b>Kennesaw, GA 30144</b>	<b>X</b>	<b>Inventory</b>				<b>98.32</b>
ACCOUNT NO. <b>8275</b> <b>BSN/JOBST</b> <b>PO Box 751766</b> <b>Charlotte, NC 28275-1766</b>	<b>X</b>	<b>Inventory</b>				<b>1,140.66</b>
ACCOUNT NO. <b>3898</b> <b>Capital One</b> <b>PO Box 30281</b> <b>Salt Lake City, UT 84130-0281</b>	<b>X</b>	<b>Inventory/credit card purchases</b>				<b>2,996.59</b>
ACCOUNT NO. <b>4211</b> <b>Capital One Bank</b> <b>PO Box 71083</b> <b>Charlotte, NC 28272-1083</b>	<b>X</b>	<b>Inventory/credit card purchases</b>				<b>10,481.00</b>
ACCOUNT NO. <b>1343</b> <b>Capital One Bank</b> <b>PO Box 71083</b> <b>Charlotte, NC 28272-1083</b>	<b>X</b>	<b>Inventory/credit card purchases</b>				<b>6,249.67</b>
ACCOUNT NO. <b>4793</b> <b>Chase</b> <b>Cardmember Services</b> <b>PO Box 15153</b> <b>Wilmington, DE 19850-5153</b>	<b>X</b>	<b>Inventory/credit card purchases</b>				<b>8,120.49</b>

Sheet no. 1 of 8 continuation sheets attached to  
Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal  
(Total of this page) \$ **29,233.73**

Total  
(Use only on last page of the completed Schedule F. Report also on  
the Summary of Schedules, and if applicable, on the Statistical  
Summary of Certain Liabilities and Related Data.) \$



IN RE LaSalle Health Service, Inc.

Debtor(s)

Case No.

(If known)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. 4291  Chase Cardmember Services PO Box 15153 Wilmington, DE 19850-5153	X	Inventory/credit card purchases				11,167.46
ACCOUNT NO. 0002  Chase Cardmember Services PO Box 15153 Wilmington, DE 19850-5153	X	Inventory/credit card purchases				22,809.56
ACCOUNT NO. 0053  Columbia Gas Of MA P.O. Box 742514 Cincinnati, OH 45274-2514	X	Gas				384.71
ACCOUNT NO. 1199  Comcast Attn: Legal Department 1701 John F Kennedy Blvd Philadelphia, PA 19103-2838	X	Internet				103.71
ACCOUNT NO. 6664  Comcast Attn: Legal Department 1701 John F Kennedy Blvd Philadelphia, PA 19103-2838	X	Internet				100.47
ACCOUNT NO. 1683  Debt Management Inc. PO Box 177 Milford, MA 01757-0177	X	Collection service				0.00
ACCOUNT NO.  Driftwood Plaza 188 Teaticket Hwy Teaticket, MA 02536-5637	X	Rent				8,136.00

Sheet no. 2 of 8 continuation sheets attached to  
Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal  
(Total of this page) \$ **42,701.91**

Total  
(Use only on last page of the completed Schedule F. Report also on  
the Summary of Schedules, and if applicable, on the Statistical  
Summary of Certain Liabilities and Related Data.) \$

IN RE LaSalle Health Service, Inc.

Case No. \_\_\_\_\_

Debtor(s)

(If known)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. <b>643</b> <b>Geriatric Medical</b> <b>PO Box 2503</b> <b>Woburn, MA 01888-0903</b>	<b>X</b>	<b>Inventory</b>				<b>11,795.22</b>
ACCOUNT NO. <b>4468</b> <b>Geriatric Medical</b> <b>PO Box 2503</b> <b>Woburn, MA 01888-0903</b>	<b>X</b>	<b>Inventory</b>				<b>69,136.00</b>
ACCOUNT NO. <b>Helping Hands, Inc.</b> <b>258 Tosca Dr</b> <b>Stoughton, MA 02072-1506</b>	<b>X</b>	<b>Inventory</b>				<b>581.64</b>
ACCOUNT NO. <b>6402</b> <b>Independence Medical</b> <b>1810 Summit Commerce Park</b> <b>Twinsburg, OH 44087-2300</b>	<b>X</b>	<b>Inventory</b>				<b>44,654.22</b>
ACCOUNT NO. <b>2DME</b> <b>Independence Medical</b> <b>1810 Summit Commerce Park</b> <b>Twinsburg, OH 44087-2300</b>	<b>X</b>	<b>Inventory</b>				<b>4,082.50</b>
ACCOUNT NO. <b>8924</b> <b>Invacare Corp.</b> <b>PO Box 41602</b> <b>Philadelphia, PA 19101-1602</b>	<b>X</b>	<b>Lease for equipment/inventory</b>				<b>58,303.60</b>
ACCOUNT NO. <b>N/A</b> <b>John Bucci, CPA</b> <b>2181 Post Rd</b> <b>Warwick, RI 02886-1532</b>	<b>X</b>	<b>Accounting services</b>				<b>2,750.00</b>

Sheet no. **3** of **8** continuation sheets attached to  
Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal  
(Total of this page) \$ **191,303.18**

Total  
(Use only on last page of the completed Schedule F. Report also on  
the Summary of Schedules, and if applicable, on the Statistical  
Summary of Certain Liabilities and Related Data.) \$

IN RE LaSalle Health Service, Inc.

Case No. \_\_\_\_\_

Debtor(s)

(If known)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. 2168  Juzo Zorn, Inc. PO Box 1088 Cuyahoga Falls, OH 44223-1088	X	Inventory				327.65
ACCOUNT NO. 6950  Kulls Office Supply 40 Emory St Attleboro, MA 02703-3037	X	Office supply				383.89
ACCOUNT NO. N/A  Leeman Boys Realty 90 George Leven Dr North Attleboro, MA 02760-3580	X	Rent				3,000.00
ACCOUNT NO. 6837  Liberty Utilities PO Box 219599 Kansas City, MO 64121-9599	X	Gas				22.00
ACCOUNT NO. 0433  Medi USA, Inc. 6481 Franz Warner Pkwy Whitsett, NC 27377-9214	X	Inventory				1,026.33
ACCOUNT NO.  Medical Equipment Repair Of N.E. PO Box 249 Oxford, MA 01540-0249	X	Inventory				418.35
ACCOUNT NO. 7308  Medline P.O. Box 382075 Pittsburgh, PA 15251-8075	X	Inventory				21,857.20

Sheet no. 4 of 8 continuation sheets attached to  
Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal  
(Total of this page) \$ **27,035.42**

Total  
(Use only on last page of the completed Schedule F. Report also on  
the Summary of Schedules, and if applicable, on the Statistical  
Summary of Certain Liabilities and Related Data.) \$

IN RE LaSalle Health Service, Inc.

Debtor(s)

Case No.

(If known)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. 0170 Mercy Surgical Dressing Group, Inc. 4 Zesta Dr Pittsburgh, PA 15205-9725	X	Inventory				32,881.10
ACCOUNT NO. Donald L. Phillips, Esq. 1016 Greentree Rd Ste 202 Pittsburgh, PA 15220-3125		Assignee or other notification for: Mercy Surgical Dressing Group, Inc.				
ACCOUNT NO. Ann E. Shapiro, Esq. Donald L. Phillips. P.C. 1016 Greentree Rd Ste 202 Pittsburgh, PA 15220-3125		Assignee or other notification for: Mercy Surgical Dressing Group, Inc.				
ACCOUNT NO. 4047 National Grid Attn: Legal Department PO Box 11739 Newark, NJ 07101-4739	X	Electric				416.28
ACCOUNT NO. 4528 National Grid Attn: Legal Department PO Box 11739 Newark, NJ 07101-4739	X	Electric				160.88
ACCOUNT NO. 6444 New Horizon Communications PO Box 981073 Boston, MA 02298-1073	X	Telephone				4,000.40
ACCOUNT NO. 6605 North Attleboro Electric PO Box 9250 Chelsea, MA 02150-9250	X	Electric				364.98

Sheet no. 5 of 8 continuation sheets attached to  
Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal  
(Total of this page) \$ **37,823.64**

Total  
(Use only on last page of the completed Schedule F. Report also on  
the Summary of Schedules, and if applicable, on the Statistical  
Summary of Certain Liabilities and Related Data.) \$

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. <i>(See Instructions Above.)</i>	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. <b>5301</b>  <b>Pharmacist Mutual</b> <b>PO Box 370</b> <b>Algona, IA 50511-0370</b>	X	Insurance				<b>2,528.00</b>
ACCOUNT NO. <b>9840</b>  <b>Philadelphia Insurance Co.</b> <b>PO Box 70251</b> <b>Philadelphia, PA 19176-0251</b>	X	Insurance				<b>6,608.00</b>
ACCOUNT NO. <b>FB15</b>  <b>Pitney Bowes</b> <b>Attn: Box 371887</b> <b>500 Rossstreet Ste 154-0470</b> <b>Pittsburgh, PA 15262</b>	X	Postage Meter				<b>450.88</b>
ACCOUNT NO. <b>5586</b>  <b>Posey Company</b> <b>PO Box 51017</b> <b>Los Angeles, CA 90051-5317</b>	X	Inventory				<b>160.97</b>
ACCOUNT NO. <b>1638</b>  <b>Pride Mobility Products</b> <b>182 Susquehanna Ave</b> <b>Exeter, PA 18643-2653</b>	X	Inventory				<b>6,337.50</b>
ACCOUNT NO.  <b>Reliable Healthcare</b> <b>8952 Western Way Ste 20</b> <b>Jacksonville, FL 32256-0316</b>	X	Inventory				<b>2,340.92</b>
ACCOUNT NO.  <b>Resmed Corp.</b> <b>PO Box 534593</b> <b>Atlanta, GA 30353-4593</b>	X	Inventory				<b>64,826.64</b>

IN RE LaSalle Health Service, Inc.

Debtor(s)

Case No.

(If known)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBATOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. 6190 Respironics P.O. Box 405740 Atlanta, GA 30384-5700	X	Inventory				11.52
ACCOUNT NO. 4813 Rose Health Care 224 Rose Drive Atlanta, GA 30384	X	Inventory				262.56
ACCOUNT NO. WOMA Salter Labs 100 Sycamore Rd Arvin, CA 93203-2300	X	Inventory				1,094.60
ACCOUNT NO. Sensible Computers 247 Maple St Attleboro, MA 02703-4243	X	IT service				5,030.73
ACCOUNT NO. 5864 Shred It 1 Wholesale Way Cranston, RI 02920-5562	X	Shredding				45.50
ACCOUNT NO. TBFW, LLC 652 E Washington St Unit 8 North Attleboro, MA 02760-2488	X	Rent				6,360.00
ACCOUNT NO. 2250 The Aftermarket Group 3866 Solution Center Chicago, IL 60677-3008	X	Inventory				393.83

Sheet no. 7 of 8 continuation sheets attached to  
Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal  
(Total of this page) \$ **13,198.74**

Total  
(Use only on last page of the completed Schedule F. Report also on  
the Summary of Schedules, and if applicable, on the Statistical  
Summary of Certain Liabilities and Related Data.) \$

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
**(Continuation Sheet)**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. <i>(See Instructions Above.)</i>	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO.	<b>X</b>	<b>Inventory</b>				
<b>The Bathworks Co.</b> <b>42 Rosewood Ln</b> <b>Cumberland, RI 02864-3342</b>						<b>3,600.00</b>
ACCOUNT NO. <b>0060</b>	<b>X</b>	<b>Internet</b>				
<b>Verizon</b> <b>Attn: Legal Department</b> <b>900 Merchants Concourse 106</b> <b>Westbury, NY 11590</b>						<b>206.59</b>
ACCOUNT NO. <b>5307</b>	<b>X</b>	<b>Internet</b>				
<b>Verizon</b> <b>Attn: Legal Department</b> <b>900 Merchants Concourse 106</b> <b>Westbury, NY 11590</b>						<b>570.74</b>
ACCOUNT NO. <b>6131</b>	<b>X</b>	<b>Fuel</b>				
<b>Wright Express Fleet Services</b> <b>PO Box 639</b> <b>Portland, ME 04104-0639</b>						<b>4,195.76</b>
ACCOUNT NO.	<b>X</b>	<b>Rent</b>				
<b>York Properties</b> <b>21 Mazzeo Dr Ste 103</b> <b>Randolph, MA 02368-3448</b>						<b>3,029.48</b>
ACCOUNT NO.						
ACCOUNT NO.						





SCHEDULE H - CODEBTORS

Provide the information requested concerning any person or entity, other than a spouse in a joint case, that is also liable on any debts listed by the debtor in the schedules of creditors. Include all guarantors and co-signers. If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within the eight-year period immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state, commonwealth, or territory. Include all names used by the nondebtor spouse during the eight years immediately preceding the commencement of this case. If a minor child is a codebtor or a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

☐ Check this box if debtor has no codebtors.

NAME AND ADDRESS OF CODEBTOR	NAME AND ADDRESS OF CREDITOR
<b>Jon Lombardi</b> <b>315 Old River Rd Unit 13</b> <b>Manville, RI 02838-1062</b>	<b>Invacare Corp.</b> <b>PO Box 41602</b> <b>Philadelphia, PA 19101-1602</b>
	<b>Wells Fargo</b> <b>300 Tri-State International</b> <b>Suite 400</b> <b>Lincolnshire, IL 60069</b>
	<b>Wells Fargo</b> <b>300 Tri-State International</b> <b>Suite 400</b> <b>Lincolnshire, IL 60069</b>
	<b>Wells Fargo</b> <b>300 Tri-State International</b> <b>Suite 400</b> <b>Lincolnshire, IL 60069</b>
	<b>Delagen Landen</b> <b>PO Box 41602</b> <b>Philadelphia, PA 19101-1602</b>
	<b>Invacare Corp.</b> <b>PO Box 41602</b> <b>Philadelphia, PA 19101-1602</b>
	<b>Invacare Corp.</b> <b>PO Box 41602</b> <b>Philadelphia, PA 19101-1602</b>
	<b>Invacare Corp.</b> <b>PO Box 41602</b> <b>Philadelphia, PA 19101-1602</b>
	<b>Invacare Corp.</b> <b>PO Box 41602</b> <b>Philadelphia, PA 19101-1602</b>
	<b>Invacare Corp.</b> <b>PO Box 41602</b> <b>Philadelphia, PA 19101-1602</b>
	<b>Capital One Bank</b> <b>PO Box 71083</b> <b>Charlotte, NC 28272-1083</b>

IN RE LaSalle Health Service, Inc.

Case No. \_\_\_\_\_

Debtor(s)

(If known)

**SCHEDULE H - CODEBTORS**  
**(Continuation Sheet)**

NAME AND ADDRESS OF CODEBTOR	NAME AND ADDRESS OF CREDITOR
	<b>Capital One Bank</b> <b>PO Box 71083</b> <b>Charlotte, NC 28272-1083</b>
	<b>Capital One</b> <b>PO Box 30281</b> <b>Salt Lake City, UT 84130-0281</b>
	<b>Chase</b> <b>Cardmember Services</b> <b>PO Box 15153</b> <b>Wilmington, DE 19850-5153</b>
	<b>Chase</b> <b>Cardmember Services</b> <b>PO Box 15153</b> <b>Wilmington, DE 19850-5153</b>
	<b>Chase</b> <b>Cardmember Services</b> <b>PO Box 15153</b> <b>Wilmington, DE 19850-5153</b>
	<b>Wright Express Fleet Services</b> <b>PO Box 639</b> <b>Portland, ME 04104-0639</b>
	<b>Ally Financial</b> <b>Attn: Bankruptcy Department</b> <b>PO Box 380901</b> <b>Minneapolis, MN 55438-0901</b>
	<b>AFLAC</b> <b>1932 Wynnton Road</b> <b>Columbus, GA 31999-0002</b>
	<b>Airgas USA, LLC</b> <b>PO Box 802376</b> <b>Chicago, IL 60680-2376</b>
	<b>Allied Waste - Roplic Services</b> <b>PO Box 9001099</b> <b>Louisville, KY 40290-1099</b>
	<b>American Diagnostic</b> <b>55 Commerce Dr</b> <b>Hauppauge, NY 11788-3931</b>
	<b>American Disposables</b> <b>6 E Main St</b> <b>Ware, MA 01082-1355</b>
	<b>Amonea USA</b> <b>1701 Barrett Lake Blvd. Ste 410</b> <b>Kennesaw, GA 30144</b>
	<b>BSN/JOBST</b>

IN RE LaSalle Health Service, Inc.

Case No. \_\_\_\_\_

Debtor(s)

(If known)

**SCHEDULE H - CODEBTORS**  
**(Continuation Sheet)**

NAME AND ADDRESS OF CODEBTOR	NAME AND ADDRESS OF CREDITOR
	PO Box 751766 Charlotte, NC 28275-1766
	Columbia Gas Of MA P.O. Box 742514 Cincinnati, OH 45274-2514
	Comcast Attn: Legal Department 1701 John F Kennedy Blvd Philadelphia, PA 19103-2838
	Comcast Attn: Legal Department 1701 John F Kennedy Blvd Philadelphia, PA 19103-2838
	Massachusetts Department of Revenue 436 Dwight St Ste 312 Springfield, MA 01103-1317
	Debt Management Inc. PO Box 177 Milford, MA 01757-0177
	Driftwood Plaza 188 Teaticket Hwy Teaticket, MA 02536-5637
	Geriatric Medical PO Box 2503 Woburn, MA 01888-0903
	Geriatric Medical PO Box 2503 Woburn, MA 01888-0903
	Helping Hands, Inc. 258 Tosca Dr Stoughton, MA 02072-1506
	Invacare Corp. PO Box 41602 Philadelphia, PA 19101-1602
	Independence Medical 1810 Summit Commerce Park Twinsburg, OH 44087-2300
	Medical Equipment Repair Of N.E. PO Box 249 Oxford, MA 01540-0249
	Independence Medical 1810 Summit Commerce Park Twinsburg, OH 44087-2300
	John Bucci, CPA

IN RE LaSalle Health Service, Inc.

Case No. \_\_\_\_\_

Debtor(s)

(If known)

**SCHEDULE H - CODEBTORS**  
**(Continuation Sheet)**

NAME AND ADDRESS OF CODEBTOR	NAME AND ADDRESS OF CREDITOR
	<p>2181 Post Rd Warwick, RI 02886-1532</p> <p>Juzo Zorn, Inc. PO Box 1088 Cuyahoga Falls, OH 44223-1088</p> <p>Kulls Office Supply 40 Emory St Attleboro, MA 02703-3037</p> <p>Leeman Boys Realty 90 George Leven Dr North Attleboro, MA 02760-3580</p> <p>Liberty Utilities PO Box 219599 Kansas City, MO 64121-9599</p> <p>Medi USA, Inc. 6481 Franz Warner Pkwy Whitsett, NC 27377-9214</p> <p>Medline P.O. Box 382075 Pittsburgh, PA 15251-8075</p> <p>Mercy Surgical Dressing Group, Inc. 4 Zesta Dr Pittsburgh, PA 15205-9725</p> <p>National Grid Attn: Legal Department PO Box 11739 Newark, NJ 07101-4739</p> <p>National Grid Attn: Legal Department PO Box 11739 Newark, NJ 07101-4739</p> <p>New Horizon Communications PO Box 981073 Boston, MA 02298-1073</p> <p>North Attleboro Electric PO Box 9250 Chelsea, MA 02150-9250</p> <p>Pharmacist Mutual PO Box 370 Algona, IA 50511-0370</p> <p>Philadelphia Insurance Co. PO Box 70251 Philadelphia, PA 19176-0251</p> <p>Pitney Bowes</p>

IN RE LaSalle Health Service, Inc.

Case No. \_\_\_\_\_

Debtor(s)

(If known)

**SCHEDULE H - CODEBTORS**  
**(Continuation Sheet)**

NAME AND ADDRESS OF CODEBTOR	NAME AND ADDRESS OF CREDITOR
	Attn: Box 371887 500 Rossstreet Ste 154-0470 Pittsburgh, PA 15262
	Posey Company PO Box 51017 Los Angeles, CA 90051-5317
	Pride Mobility Products 182 Susquehanna Ave Exeter, PA 18643-2653
	Reliable Healthcare 8952 Western Way Ste 20 Jacksonville, FL 32256-0316
	Resmed Corp. PO Box 534593 Atlanta, GA 30353-4593
	Respironics P.O. Box 405740 Atlanta, GA 30384-5700
	Rose Health Care 224 Rose Drive Atlanta, GA 30384
	Salter Labs 100 Sycamore Rd Arvin, CA 93203-2300
	Sensible Computers 247 Maple St Attleboro, MA 02703-4243
	Shred It 1 Wholesale Way Cranston, RI 02920-5562
	TBFW, LLC 652 E Washington St Unit 8 North Attleboro, MA 02760-2488
	The Aftermarket Group 3866 Solution Center Chicago, IL 60677-3008
	The Bathworks Co. 42 Rosewood Ln Cumberland, RI 02864-3342
	Verizon Attn: Legal Department 900 Merchants Concourse 106 Westbury, NY 11590
	Verizon

**SCHEDULE H - CODEBTORS**  
**(Continuation Sheet)**

NAME AND ADDRESS OF CODEBTOR	NAME AND ADDRESS OF CREDITOR
	Attn: Legal Department 900 Merchants Concourse 106 Westbury, NY 11590  York Properties 21 Mazzeo Dr Ste 103 Randolph, MA 02368-3448  Rockland Trust 288 Union St Rockland, MA 02370-1803

DECLARATION CONCERNING DEBTOR'S SCHEDULES

DECLARATION UNDER PENALTY OF PERJURY BY INDIVIDUAL DEBTOR

I declare under penalty of perjury that I have read the foregoing summary and schedules, consisting of \_\_\_\_\_ sheets, and that they are true and correct to the best of my knowledge, information, and belief.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_ Debtor

Date: \_\_\_\_\_ Signature: \_\_\_\_\_ (Joint Debtor, if any)  
[If joint case, both spouses must sign.]

DECLARATION AND SIGNATURE OF NON-ATTORNEY BANKRUPTCY PETITION PREPARER (See 11 U.S.C. § 110)

I declare under penalty of perjury that: (1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110; (2) I prepared this document for compensation and have provided the debtor with a copy of this document and the notices and information required under 11 U.S.C. §§ 110(b), 110(h), and 342 (b); and, (3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110(h) setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before preparing any document for filing for a debtor or accepting any fee from the debtor, as required by that section.

Printed or Typed Name and Title, if any, of Bankruptcy Petition Preparer \_\_\_\_\_ Social Security No. (Required by 11 U.S.C. § 110.) \_\_\_\_\_  
*If the bankruptcy petition preparer is not an individual, state the name, title (if any), address, and social security number of the officer, principal, responsible person, or partner who signs the document.*

\_\_\_\_\_  
Address

Signature of Bankruptcy Petition Preparer \_\_\_\_\_ Date \_\_\_\_\_

Names and Social Security numbers of all other individuals who prepared or assisted in preparing this document, unless the bankruptcy petition preparer is not an individual:

*If more than one person prepared this document, attach additional signed sheets conforming to the appropriate Official Form for each person.*  
*A bankruptcy petition preparer's failure to comply with the provision of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both. 11 U.S.C. § 110; 18 U.S.C. § 156.*

DECLARATION UNDER PENALTY OF PERJURY ON BEHALF OF CORPORATION OR PARTNERSHIP

I, the **President** \_\_\_\_\_ (the president or other officer or an authorized agent of the corporation or a member or an authorized agent of the partnership) of the **LaSalle Health Service, Inc.** \_\_\_\_\_ (corporation or partnership) named as debtor in this case, declare under penalty of perjury that I have read the foregoing summary and schedules, consisting of **27** sheets (*total shown on summary page plus 1*), and that they are true and correct to the best of my knowledge, information, and belief.

Date: **July 29, 2015** Signature: **/s/ Jon F. Lombardi**

**Jon F. Lombardi** \_\_\_\_\_  
(Print or type name of individual signing on behalf of debtor)

[An individual signing on behalf of a partnership or corporation must indicate position or relationship to debtor.]

Penalty for making a false statement or concealing property: Fine of up to \$500,000 or imprisonment for up to 5 years or both. 18 U.S.C. §§ 152 and 3571.

IN RE:

LaSalle Health Service, Inc.

Case No. \_\_\_\_\_

Chapter 7

Debtor(s)

### STATEMENT OF FINANCIAL AFFAIRS

This statement is to be completed by every debtor. Spouses filing a joint petition may file a single statement on which the information for both spouses is combined. If the case is filed under chapter 12 or chapter 13, a married debtor must furnish information for both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed. An individual debtor engaged in business as a sole proprietor, partner, family farmer, or self-employed professional, should provide the information requested on this statement concerning all such activities as well as the individual's personal affairs. To indicate payments, transfers and the like to minor children, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. § 112 and Fed. R. Bankr. P. 1007(m).

Questions 1 - 18 are to be completed by all debtors. Debtors that are or have been in business, as defined below, also must complete Questions 19 - 25. **If the answer to an applicable question is "None," mark the box labeled "None."** If additional space is needed for the answer to any question, use and attach a separate sheet properly identified with the case name, case number (if known), and the number of the question.

#### DEFINITIONS

**"In business."** A debtor is "in business" for the purpose of this form if the debtor is a corporation or partnership. An individual debtor is "in business" for the purpose of this form if the debtor is or has been, within six years immediately preceding the filing of this bankruptcy case, any of the following: an officer, director, managing executive, or owner of 5 percent or more of the voting or equity securities of a corporation; a partner, other than a limited partner, of a partnership; a sole proprietor or self-employed full-time or part-time. An individual debtor also may be "in business" for the purpose of this form if the debtor engages in a trade, business, or other activity, other than as an employee, to supplement income from the debtor's primary employment.

**"Insider."** The term "insider" includes but is not limited to: relatives of the debtor; general partners of the debtor and their relatives; corporations of which the debtor is an officer, director, or person in control; officers, directors, and any persons in control of a corporate debtor and their relatives; affiliates of the debtor and insiders of such affiliates; any managing agent of the debtor. 11 U.S.C. § 101(2),(31).

#### 1. Income from employment or operation of business

- None ☐ State the gross amount of income the debtor has received from employment, trade, or profession, or from operation of the debtor's business, including part-time activities either as an employee or in independent trade or business, from the beginning of this calendar year to the date this case was commenced. State also the gross amounts received during the **two years** immediately preceding this calendar year. (A debtor that maintains, or has maintained, financial records on the basis of a fiscal rather than a calendar year may report fiscal year income. Identify the beginning and ending dates of the debtor's fiscal year.) If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income of both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

AMOUNT SOURCE

**919,725.00 2015 YTD Gross sales billed (as of May 31,2015)**

**2,295,754.00 2014 Income**

**45,818.00 2013 Income (Gross \$3,219,758.00 - Net \$45,818.00)**

#### 2. Income other than from employment or operation of business

- None ☒ State the amount of income received by the debtor other than from employment, trade, profession, operation of the debtor's business during the **two years** immediately preceding the commencement of this case. Give particulars. If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income for each spouse whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

#### 3. Payments to creditors

**Complete a. or b., as appropriate, and c.**

- None ☒ **a. Individual or joint debtor(s) with primarily consumer debts:** List all payments on loans, installment purchases of goods or services, and other debts to any creditor made within **90 days** immediately preceding the commencement of this case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$600. Indicate with an asterisk (\*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and credit counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)



None ☐ b. Debtor whose debts are not primarily consumer debts: List each payment or other transfer to any creditor made within **90 days** immediately preceding the commencement of the case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$6,255.\* If the debtor is an individual, indicate with an asterisk (\*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and credit counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments and other transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

\* Amount subject to adjustment on 4/01/16, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

NAME AND ADDRESS OF CREDITOR	DATE OF PAYMENTS/TRANSFERS	AMOUNT PAID OR VALUE OF TRANSFERS	AMOUNT STILL OWING
<b>Capital One</b> <b>PO Box 30281</b> <b>Salt Lake City, UT 84130-0281</b>	<b>4/15/15, 5/1/15</b>	<b>9,936.03</b>	<b>6,202.48</b>
<b>Rockland Trust</b> <b>288 Union St</b> <b>Rockland, MA 02370-1803</b>	<b>March 2015, April 2015, May 2015</b>	<b>12,000.00</b>	<b>230,000.00</b>

None ☐ c. All debtors: List all payments made within **one year** immediately preceding the commencement of this case to or for the benefit of creditors who are or were insiders. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR AND RELATIONSHIP TO DEBTOR	DATE OF PAYMENT	AMOUNT PAID	AMOUNT STILL OWING
<b>LaSalle Realty</b>	<b>3-2-15 to 3-16-15</b>	<b>3,000.00</b>	<b>8,000.00</b>

#### 4. Suits and administrative proceedings, executions, garnishments and attachments

None ☐ a. List all suits and administrative proceedings to which the debtor is or was a party within **one year** immediately preceding the filing of this bankruptcy case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

CAPTION OF SUIT AND CASE NUMBER	NATURE OF PROCEEDING	COURT OR AGENCY AND LOCATION	STATUS OR DISPOSITION
<b>Mercy Surgical Dressing Group, Inc. v. LaSalle Health Services, Inc. d/b/a Advantage Home Medical Equipment - Case No.: AR 15-002395</b>	<b>Complaint</b>	<b>Allegheny County, Pennsylvania, Arbitration Division</b>	<b>Pending</b>

None ☒ b. Describe all property that has been attached, garnished or seized under any legal or equitable process within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

#### 5. Repossessions, foreclosures and returns

None ☐ List all property that has been repossessed by a creditor, sold at a foreclosure sale, transferred through a deed in lieu of foreclosure or returned to the seller, within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR OR SELLER	DATE OF REPOSSESSION, FORECLOSURE SALE, TRANSFER OR RETURN	DESCRIPTION AND VALUE OF PROPERTY
<b>Ford Motor Credit</b> <b>PO Box 390858</b> <b>Minneapolis, MN 55439-0858</b>	<b>7/2015</b>	<b>Ford Edge - leased vehicle</b>

#### 6. Assignments and receiverships

None ☒ a. Describe any assignment of property for the benefit of creditors made within **120 days** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include any assignment by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

None ☒ b. List all property which has been in the hands of a custodian, receiver, or court-appointed official within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

## 7. Gifts

None ☒ List all gifts or charitable contributions made within **one year** immediately preceding the commencement of this case except ordinary and usual gifts to family members aggregating less than \$200 in value per individual family member and charitable contributions aggregating less than \$100 per recipient. (Married debtors filing under chapter 12 or chapter 13 must include gifts or contributions by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

## 8. Losses

None ☒ List all losses from fire, theft, other casualty or gambling within **one year** immediately preceding the commencement of this case **or since the commencement of this case**. (Married debtors filing under chapter 12 or chapter 13 must include losses by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

## 9. Payments related to debt counseling or bankruptcy

None ☐ List all payments made or property transferred by or on behalf of the debtor to any persons, including attorneys, for consultation concerning debt consolidation, relief under the bankruptcy law or preparation of a petition in bankruptcy within **one year** immediately preceding the commencement of this case.

NAME AND ADDRESS OF PAYEE	DATE OF PAYMENT, NAME OF PAYOR IF OTHER THAN DEBTOR	AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY
<b>McLaughlin &amp; Quinn, LLC</b> <b>148 West River Street, Suite 1E</b> <b>Providence, RI 02914</b>		<b>See 2016(b) Statement</b>

## 10. Other transfers

None ☒ a. List all other property, other than property transferred in the ordinary course of the business or financial affairs of the debtor, transferred either absolutely or as security within **two years** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

None ☒ b. List all property transferred by the debtor within **ten years** immediately preceding the commencement of this case to a self-settled trust or similar device of which the debtor is a beneficiary.

## 11. Closed financial accounts

None ☒ List all financial accounts and instruments held in the name of the debtor or for the benefit of the debtor which were closed, sold, or otherwise transferred within **one year** immediately preceding the commencement of this case. Include checking, savings, or other financial accounts, certificates of deposit, or other instruments; shares and share accounts held in banks, credit unions, pension funds, cooperatives, associations, brokerage houses and other financial institutions. (Married debtors filing under chapter 12 or chapter 13 must include information concerning accounts or instruments held by or for either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

## 12. Safe deposit boxes

None ☒ List each safe deposit or other box or depository in which the debtor has or had securities, cash, or other valuables within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include boxes or depositories of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

## 13. Setoffs

None ☐ List all setoffs made by any creditor, including a bank, against a debt or deposit of the debtor within **90 days** preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR	DATE OF SETOFF	AMOUNT OF SETOFF
<b>Rockland Trust</b> <b>288 Union St</b> <b>Rockland, MA 02370-1803</b>	<b>7/22/15</b>	<b>4,800.00</b>
<b>Rockland Trust</b> <b>288 Union St</b> <b>Rockland, MA 02370-1803</b>	<b>6/2015</b>	<b>7,900.00</b>

## 14. Property held for another person

None ☒ List all property owned by another person that the debtor holds or controls.

**15. Prior address of debtor**

None ☐ If debtor has moved within **three years** immediately preceding the commencement of this case, list all premises which the debtor occupied during that period and vacated prior to the commencement of this case. If a joint petition is filed, report also any separate address of either spouse.

**ADDRESS**

**525 East Washington Street, North Attleboro, MA 02760**

**NAME USED**

**LaSalle Health Services, Inc.**

**DATES OF OCCUPANCY**

**4/99 - 4/2014**

**16. Spouses and Former Spouses**

None ☒ If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within **eight years** immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state.

**17. Environmental Information**

For the purpose of this question, the following definitions apply:

"Environmental Law" means any federal, state, or local statute or regulation regulating pollution, contamination, releases of hazardous or toxic substances, wastes or material into the air, land, soil, surface water, groundwater, or other medium, including, but not limited to, statutes or regulations regulating the cleanup of these substances, wastes or material.

"Site" means any location, facility, or property as defined under any Environmental Law, whether or not presently or formerly owned or operated by the debtor, including, but not limited to, disposal sites.

"Hazardous Material" means anything defined as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, or contaminant or similar term under an Environmental Law.

None ☒ a. List the name and address of every site for which the debtor has received notice in writing by a governmental unit that it may be liable or potentially liable under or in violation of an Environmental Law. Indicate the governmental unit, the date of the notice, and, if known, the Environmental Law.

None ☒ b. List the name and address of every site for which the debtor provided notice to a governmental unit of a release of Hazardous Material. Indicate the governmental unit to which the notice was sent and the date of the notice.

None ☒ c. List all judicial or administrative proceedings, including settlements or orders, under any Environmental Law with respect to which the debtor is or was a party. Indicate the name and address of the governmental unit that is or was a party to the proceeding, and the docket number.

**18. Nature, location and name of business**

None ☒ a. *If the debtor is an individual*, list the names, addresses, taxpayer-identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was an officer, director, partner, or managing executive of a corporation, partner in a partnership, sole proprietor, or was self-employed in a trade, profession, or other activity either full- or part-time within **six years** immediately preceding the commencement of this case, or in which the debtor owned 5 percent or more of the voting or equity securities within **six years** immediately preceding the commencement of this case.

*If the debtor is a partnership*, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities, within **six years** immediately preceding the commencement of this case.

*If the debtor is a corporation*, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities within **six years** immediately preceding the commencement of this case.

None ☒ b. Identify any business listed in response to subdivision a., above, that is "single asset real estate" as defined in 11 U.S.C. § 101.

The following questions are to be completed by every debtor that is a corporation or partnership and by any individual debtor who is or has been, within **six years** immediately preceding the commencement of this case, any of the following: an officer, director, managing executive, or owner of more than 5 percent of the voting or equity securities of a corporation; a partner, other than a limited partner, of a partnership, a sole proprietor, or self-employed in a trade, profession, or other activity, either full- or part-time.

(An individual or joint debtor should complete this portion of the statement **only** if the debtor is or has been in business, as defined above, within the six years immediately preceding the commencement of this case. A debtor who has not been in business within those six years should go directly to the signature page.)

**19. Books, records and financial statements**

- None ☐ a. List all bookkeepers and accountants who within the **two years** immediately preceding the filing of this bankruptcy case kept or supervised the keeping of books of account and records of the debtor.

NAME AND ADDRESS

**John Bucci, CPA**

**2181 Post Rd**

**Warwick, RI 02886-1532**

DATES SERVICES RENDERED

- None ☒ b. List all firms or individuals who within the **two years** immediately preceding the filing of this bankruptcy case have audited the books of account and records, or prepared a financial statement of the debtor.

- None ☐ c. List all firms or individuals who at the time of the commencement of this case were in possession of the books of account and records of the debtor. If any of the books of account and records are not available, explain.

NAME AND ADDRESS

**Jon Lombardi**

**315 Old River Rd Unit 13**

**Manville, RI 02838-1062**

- None ☐ d. List all financial institutions, creditors, and other parties, including mercantile and trade agencies, to whom a financial statement was issued by the debtor within the **two years** immediately preceding the commencement of this case.

NAME AND ADDRESS

**Rockland Trust**

**288 Union St**

**Rockland, MA 02370-1803**

DATE ISSUED

**3/2013, 3/2014**

**20. Inventories**

- None ☒ a. List the dates of the last two inventories taken of your property, the name of the person who supervised the taking of each inventory, and the dollar amount and basis of each inventory.

- None ☒ b. List the name and address of the person having possession of the records of each of the two inventories reported in a., above.

**21. Current Partners, Officers, Directors and Shareholders**

- None ☒ a. If the debtor is a partnership, list the nature and percentage of partnership interest of each member of the partnership.

- None ☐ b. If the debtor is a corporation, list all officers and directors of the corporation, and each stockholder who directly or indirectly owns, controls, or holds 5 percent or more of the voting or equity securities of the corporation.

NAME AND ADDRESS

**Jon Lombardi**

**315 Old River Rd Unit 13**

**Manville, RI 02838-1062**

TITLE

**President**

NATURE AND PERCENTAGE  
OF STOCK OWNERSHIP

**100% ownership**

**22. Former partners, officers, directors and shareholders**

- None ☒ a. If the debtor is a partnership, list each member who withdrew from the partnership within **one year** immediately preceding the commencement of this case.

- None ☒ b. If the debtor is a corporation, list all officers, or directors whose relationship with the corporation terminated within **one year** immediately preceding the commencement of this case.

**23. Withdrawals from a partnership or distributions by a corporation**

- None ☐ If the debtor is a partnership or corporation, list all withdrawals or distributions credited or given to an insider, including compensation in any form, bonuses, loans, stock redemptions, options exercised and any other perquisite during **one year** immediately preceding the commencement of this case.

NAME & ADDRESS OF RECIPIENT,  
RELATIONSHIP TO DEBTOR

**LaSalle Realty**

DATE AND PURPOSE  
OF WITHDRAWAL

**Pay loan**

AMOUNT OF MONEY OR DESCRIPTION  
AND VALUE OF PROPERTY

**\$3,000.00**

**24. Tax Consolidation Group**

None ☐ If the debtor is a corporation, list the name and federal taxpayer identification number of the parent corporation of any consolidated group for tax purposes of which the debtor has been a member at any time within **six years** immediately preceding the commencement of the case.

**25. Pension Funds.**

None ☒ If the debtor is not an individual, list the name and federal taxpayer identification number of any pension fund to which the debtor, as an employer, has been responsible for contributing at any time within **six years** immediately preceding the commencement of the case.

*[If completed on behalf of a partnership or corporation]*

I declare under penalty of perjury that I have read the answers contained in the foregoing statement of financial affairs and any attachments thereto and that they are true and correct to the best of my knowledge, information, and belief.

Date: **July 29, 2015** Signature: **/s/ Jon F. Lombardi**

**Jon F. Lombardi, President**

Print Name and Title

[An individual signing on behalf of a partnership or corporation must indicate position or relationship to debtor.]

0 continuation pages attached

*Penalty for making a false statement: Fine of up to \$500,000 or imprisonment for up to 5 years or both. 18 U.S.C. § 152 and 3571.*

Document Page 38 of 49  
**United States Bankruptcy Court**  
**District of Rhode Island**

**IN RE:**

Case No. \_\_\_\_\_

**LaSalle Health Service, Inc.**Chapter **7**

Debtor(s)

**DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR**

1. Pursuant to 11 U.S.C. § 329(a) and Bankruptcy Rule 2016(b), I certify that I am the attorney for the above-named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

For legal services, I have agreed to accept ..... \$ **2,500.00**

Prior to the filing of this statement I have received ..... \$ **2,500.00**

Balance Due ..... \$ \_\_\_\_\_

2. The source of the compensation paid to me was: ☒ Debtor ☐ Other (specify):
3. The source of compensation to be paid to me is: ☐ Debtor ☐ Other (specify):
4. ☒ I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.  
☐ I have agreed to share the above-disclosed compensation with a person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation, is attached.
5. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:
- a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
  - b. Preparation and filing of any petition, schedules, statement of affairs and plan which may be required;
  - c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;
  - d. ~~Representation of the debtor in adversary proceedings and other contested bankruptcy matters;~~
  - e. [Other provisions as needed]
6. By agreement with the debtor(s), the above disclosed fee does not include the following services:  
**Representation of the debtor in adversary proceedings and other contested bankruptcy matters.**  
**Representation of the debtor in loss mitigation proceedings.**

CERTIFICATION

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

**July 29, 2015**

Date

**/s/ Thomas P. Quinn**

Thomas P. Quinn 4780  
 McLaughlin & Quinn, LLC  
 148 West River Street, Suite 1E  
 Providence, RI 02904  
 (401) 421-5115 Fax: (401) 421-5141  
 tqinn@mclaughlinquinn.com

**UNITED STATES BANKRUPTCY COURT****NOTICE TO CONSUMER DEBTOR(S) UNDER §342(b)  
OF THE BANKRUPTCY CODE**

In accordance with § 342(b) of the Bankruptcy Code, this notice to individuals with primarily consumer debts: (1) Describes briefly the services available from credit counseling services; (2) Describes briefly the purposes, benefits and costs of the four types of bankruptcy proceedings you may commence; and (3) Informs you about bankruptcy crimes and notifies you that the Attorney General may examine all information you supply in connection with a bankruptcy case.

You are cautioned that bankruptcy law is complicated and not easily described. Thus, you may wish to seek the advice of an attorney to learn of your rights and responsibilities should you decide to file a petition. Court employees cannot give you legal advice.

Notices from the bankruptcy court are sent to the mailing address you list on your bankruptcy petition. In order to ensure that you receive information about events concerning your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address. If you are filing a **joint case** (a single bankruptcy case for two individuals married to each other), and each spouse lists the same mailing address on the bankruptcy petition, you and your spouse will generally receive a single copy of each notice mailed from the bankruptcy court in a jointly-addressed envelope, unless you file a statement with the court requesting that each spouse receive a separate copy of all notices.

**1. Services Available from Credit Counseling Agencies**

**With limited exceptions, § 109(h) of the Bankruptcy Code requires that all individual debtors who file for bankruptcy relief on or after October 17, 2005, receive a briefing that outlines the available opportunities for credit counseling and provides assistance in performing a budget analysis.** The briefing must be given within 180 days **before** the bankruptcy filing. The briefing may be provided individually or in a group (including briefings conducted by telephone or on the Internet) and must be provided by a nonprofit budget and credit counseling agency approved by the United States trustee or bankruptcy administrator. The clerk of the bankruptcy court has a list that you may consult of the approved budget and credit counseling agencies. Each debtor in a joint case must complete the briefing.

**In addition, after filing a bankruptcy case, an individual debtor generally must complete a financial management instructional course before he or she can receive a discharge.** The clerk also has a list of approved financial management instructional courses. Each debtor in a joint case must complete the course.

**2. The Four Chapters of the Bankruptcy Code Available to Individual Consumer Debtors****Chapter 7: Liquidation (\$245 filing fee, \$75 administrative fee, \$15 trustee surcharge: Total fee \$335)**

Chapter 7 is designed for debtors in financial difficulty who do not have the ability to pay their existing debts. Debtors whose debts are primarily consumer debts are subject to a "means test" designed to determine whether the case should be permitted to proceed under chapter 7. If your income is greater than the median income for your state of residence and family size, in some cases, the United States trustee (or bankruptcy administrator), the trustee, or creditors have the right to file a motion requesting that the court dismiss your case under § 707(b) of the Code. It is up to the court to decide whether the case should be dismissed.

Under chapter 7, you may claim certain of your property as exempt under governing law. A trustee may have the right to take possession of and sell the remaining property that is not exempt and use the sale proceeds to pay your creditors.

The purpose of filing a chapter 7 case is to obtain a discharge of your existing debts. If, however, you are found to have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your

discharge and, if it does, the purpose for which you filed the bankruptcy petition will be defeated.

Even if you receive a general discharge, some particular debts are not discharged under the law. Therefore, you may still be responsible for most taxes and student loans; debts incurred to pay nondischargeable taxes; domestic support and property settlement obligations; most fines, penalties, forfeitures, and criminal restitution obligations; certain debts which are not properly listed in your bankruptcy papers; and debts for death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs. Also, if a creditor can prove that a debt arose from fraud, breach of fiduciary duty, or theft, or from a willful and malicious injury, the bankruptcy court may determine that the debt is not discharged.

**Chapter 13: Repayment of All or Part of the Debts of an Individual with Regular Income (\$235 filing fee, \$75 administrative fee: Total fee \$310)**

Chapter 13 is designed for individuals with regular income who would like to pay all or part of their debts in installments over a period of time. You are only eligible for chapter 13 if your debts do not exceed certain dollar amounts set forth in the Bankruptcy Code.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, using your future earnings. The period allowed by the court to repay your debts may be three years or five years, depending upon your income and other factors. The court must approve your plan before it can take effect.

After completing the payments under your plan, your debts are generally discharged except for domestic support obligations; most student loans; certain taxes; most criminal fines and restitution obligations; certain debts which are not properly listed in your bankruptcy papers; certain debts for acts that caused death or personal injury; and certain long term secured obligations.

**Chapter 11: Reorganization (\$1167 filing fee, \$550 administrative fee: Total fee \$1717)**

Chapter 11 is designed for the reorganization of a business but is also available to consumer debtors. Its provisions are quite complicated, and any decision by an individual to file a chapter 11 petition should be reviewed with an attorney.

**Chapter 12: Family Farmer or Fisherman (\$200 filing fee, \$75 administrative fee: Total fee \$275)**

Chapter 12 is designed to permit family farmers and fishermen to repay their debts over a period of time from future earnings and is similar to chapter 13. The eligibility requirements are restrictive, limiting its use to those whose income arises primarily from a family-owned farm or commercial fishing operation.

**3. Bankruptcy Crimes and Availability of Bankruptcy Papers to Law Enforcement Officials**

A person who knowingly and fraudulently conceals assets or makes a false oath or statement under penalty of perjury, either orally or in writing, in connection with a bankruptcy case is subject to a fine, imprisonment, or both. All information supplied by a debtor in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the United States Trustee, the Office of the United States Attorney, and other components and employees of the Department of Justice.

**WARNING:** Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information regarding your creditors, assets, liabilities, income, expenses and general financial condition. Your bankruptcy case may be dismissed if this information is not filed with the court within the time deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court. The documents and the deadlines for filing them are listed on Form B200, which is posted at [http://www.uscourts.gov/bkforms/bankruptcy\\_forms.html#procedure](http://www.uscourts.gov/bkforms/bankruptcy_forms.html#procedure).



IN RE:

Case No. \_\_\_\_\_

LaSalle Health Service, Inc.

Chapter 7

Debtor(s)

**VERIFICATION OF CREDITOR MATRIX**

The above named debtor(s) hereby verify(ies) that the attached matrix listing creditors is true to the best of my(our) knowledge.

Date: July 29, 2015

Signature: /s/ Jon F. Lombardi

**Jon F. Lombardi, President**

Debtor

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Joint Debtor, if any

AFLAC  
1932 Wynnton Road  
Columbus, GA 31999-0002

Airgas USA, LLC  
PO Box 802376  
Chicago, IL 60680-2376

Allied Waste - Roplic Services  
PO Box 9001099  
Louisville, KY 40290-1099

Ally Financial  
Attn: Bankruptcy Department  
PO Box 380901  
Minneapolis, MN 55438-0901

American Diagnostic  
55 Commerce Dr  
Hauppauge, NY 11788-3931

American Disposables  
6 E Main St  
Ware, MA 01082-1355

Amonea USA  
1701 Barrett Lake Blvd. Ste 410  
Kennesaw, GA 30144

Ann E. Shapiro, Esq.  
Donald L. Phillips. P.C.  
1016 Greentree Rd Ste 202  
Pittsburgh, PA 15220-3125

BSN/JOBST  
PO Box 751766  
Charlotte, NC 28275-1766

Capital One  
PO Box 30281  
Salt Lake City, UT 84130-0281

Capital One Bank  
PO Box 71083  
Charlotte, NC 28272-1083

Chase  
Cardmember Services  
PO Box 15153  
Wilmington, DE 19850-5153

Columbia Gas Of MA  
P.O. Box 742514  
Cincinnati, OH 45274-2514

Comcast  
Attn: Legal Department  
1701 John F Kennedy Blvd  
Philadelphia, PA 19103-2838

Debt Management Inc.  
PO Box 177  
Milford, MA 01757-0177

Delagen Landen  
PO Box 41602  
Philadelphia, PA 19101-1602

Donald L. Phillips, Esq.  
1016 Greentree Rd Ste 202  
Pittsburgh, PA 15220-3125

Driftwood Plaza  
188 Teaticket Hwy  
Teaticket, MA 02536-5637

Driftwood Plaza, LLC  
188 Teaticket Hwy  
Teaticket, MA 02536-5637

Geriatric Medical  
PO Box 2503  
Woburn, MA 01888-0903

Helping Hands, Inc.  
258 Tosca Dr  
Stoughton, MA 02072-1506

Howard N. Gorney  
Pithie & Associates, P.C.  
158 Pleasant St  
South Weymouth, MA 02190-2521

Independence Medical  
1810 Summit Commerce Park  
Twinsburg, OH 44087-2300

Invacare Corp.  
PO Box 41602  
Philadelphia, PA 19101-1602

John Bucci, CPA  
2181 Post Rd  
Warwick, RI 02886-1532

Jon Lombardi  
315 Old River Rd Unit 13  
Manville, RI 02838-1062

Juzo Zorn, Inc.  
PO Box 1088  
Cuyahoga Falls, OH 44223-1088

Kulls Office Supply  
40 Emory St  
Attleboro, MA 02703-3037

Leeman Boys Realty  
90 George Leven Dr  
North Attleboro, MA 02760-3580

Liberty Utilities  
PO Box 219599  
Kansas City, MO 64121-9599

Massachusetts Department of Revenue  
436 Dwight St Ste 312  
Springfield, MA 01103-1317

Medi USA, Inc.  
6481 Franz Warner Pkwy  
Whitsett, NC 27377-9214

Medical Equipment Repair Of N.E.  
PO Box 249  
Oxford, MA 01540-0249

Medline  
P.O. Box 382075  
Pittsburgh, PA 15251-8075

Mercy Surgical Dressing Group, Inc.  
4 Zesta Dr  
Pittsburgh, PA 15205-9725

National Grid  
Attn: Legal Department  
PO Box 11739  
Newark, NJ 07101-4739

New Horizon Communications  
PO Box 981073  
Boston, MA 02298-1073

North Attleboro Electric  
PO Box 9250  
Chelsea, MA 02150-9250

Pharmacist Mutual  
PO Box 370  
Algona, IA 50511-0370

Philadelphia Insurance Co.  
PO Box 70251  
Philadelphia, PA 19176-0251

Pitney Bowes  
Attn: Box 371887  
500 Rossstreet Ste 154-0470  
Pittsburgh, PA 15262

Pitney Bowes  
Attn: Box 371887  
500 Ross Street Ste 154-0470  
Pittsburgh, PA 15262

Posey Company  
PO Box 51017  
Los Angeles, CA 90051-5317

Pride Mobility Products  
182 Susquehanna Ave  
Exeter, PA 18643-2653

Reliable Healthcare  
8952 Western Way Ste 20  
Jacksonville, FL 32256-0316

Resmed Corp.  
PO Box 534593  
Atlanta, GA 30353-4593

Respironics  
P.O. Box 405740  
Atlanta, GA 30384-5700

Rockland Trust  
288 Union St  
Rockland, MA 02370-1803

Rose Health Care  
224 Rose Drive  
Atlanta, GA 30384

Salter Labs  
100 Sycamore Rd  
Arvin, CA 93203-2300

Sensible Computers  
247 Maple St  
Attleboro, MA 02703-4243

Shred It  
1 Wholesale Way  
Cranston, RI 02920-5562

TBFW, LLC  
652 E Washington St Unit 8  
North Attleboro, MA 02760-2488

The Aftermarket Group  
3866 Solution Center  
Chicago, IL 60677-3008

The Bathworks Co.  
42 Rosewood Ln  
Cumberland, RI 02864-3342

Town Of North Attleborough  
43 S Washington St  
North Attleboro, MA 02760-1642

Verizon  
Attn: Legal Department  
900 Merchants Concourse 106  
Westbury, NY 11590

Wells Fargo  
300 Tri-State International  
Suite 400  
Lincolnshire, IL 60069

Wright Express Fleet Services  
PO Box 639  
Portland, ME 04104-0639



York Properties  
21 Mazzeo Dr Ste 103  
Randolph, MA 02368-3448